

Best Available Copy

3

| CLAIMS ONLY | | | | | | | SERIAL NO. | | FILING DATE | | | | | |
|---|----------|------|------------------------|------|------------------------|------|--------------|------|-------------|------|------|------|------|---|
| | | | | | | | APPLICANT(S) | | | | | | | |
| CLAIMS | | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | IND. | DEP. | IND. | DEP. | IND. | DEP. | * |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | | | | | | |
| 1 | / | | | | | | 51 | | | | | | | |
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| 5 | | / | | | | | 55 | | | | | | | |
| 6 | | / | | | | | 56 | | | | | | | |
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| 50 | | | | | | | 100 | | | | | | | |
| TOTAL IND. | 2 | | ↓ | | | | TOTAL IND. | | | ↓ | | | | |
| TOTAL DEP. | 30 | | ← | | ↓ | | TOTAL DEP. | | | ← | | ↓ | | |
| TOTAL CLAIMS | 29 | | | | | | TOTAL CLAIMS | | | | | | | |
| * MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS | | | | | | | | | | | | | | |